

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 857497 RECEIPT DATE: 06 / 06 / 01
IA NUMBER: PCT/ IL99 / 00666 IA FILING DATE: ☒ 12 / 07 / 99
FAMILY NAME: SLOVIN DELAY WAIVED (Y/N): ☐ Y
GIVEN NAME: DEMAND RECEIVED (Y/N): ☒ Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: ☒ 12 / 07 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 233-94 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 7038164000
NAME: NIXON & VANDERHYE ☒ FAX
STREET: 1100 NORTH GLEBE ROAD 8TH FLOOR ☒
CITY: ARLINGTON
STATE/COUNTRY: VA ☒ ZIP: 222014714 ☒
EMAIL:
APPLICATION TITLES:
WIRELESS LOCAL LOOP SYSTEM AND METHODS USEFUL THEREFOR ☒

TAB TO LAST POSITION, PUSH SEND